



# International Journal of Advanced Research

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## REVIEWER'S REPORT

Manuscript No.: **IJAR-57892**

**Title:** Séroprévalence de l'hépatite C chez les personnes vivant avec le VIH au Centre polyvalent Al-Nadjma de N'Djamena.

**Recommendation:**

Accept after minor revision.....

Rating	Excel .	Good	Fair	Poor
Originality		✓		
Techn. Quality		✓		
Clarity		✓		
Significance	✓			

**Reviewer Name: Faheem Abdul Muneeb**

### Detailed Reviewer's Report

The manuscript investigates the seroprevalence of hepatitis C virus (HCV) infection among people living with HIV (PLHIV) attending the Al-Nadjma Multipurpose Centre in N'Djamena, Chad. Through a cross-sectional study involving 207 HIV-positive individuals, the authors report an HIV–HCV co-infection seroprevalence of 4.35% and examine the association between selected sociodemographic factors and HCV infection.

The topic is relevant and important. HIV–HCV co-infection remains a significant public health concern, particularly in sub-Saharan Africa where epidemiological data remain limited in several countries, including Chad. The study therefore addresses a meaningful knowledge gap and contributes local data

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that may support screening strategies and public health planning. Given the increasing emphasis on viral hepatitis elimination and integrated HIV care, research of this nature is valuable and timely.

One of the strengths of the manuscript is its clear objective. The study focuses on a specific and clinically relevant question, namely the burden of HCV infection among people living with HIV in a major care center. The manuscript also benefits from the inclusion of both descriptive and analytical components, allowing the authors not only to estimate prevalence but also to explore potential associations with demographic characteristics. The presentation of the sociodemographic profile of the study population is generally clear and easy to follow.

The methodology is relatively straightforward and appropriate for estimating seroprevalence. The use of a cross-sectional design and rapid diagnostic tests is understandable within the context of routine clinical practice and resource-limited settings. The statistical approach is also generally suitable for the objectives of the study, and the authors appropriately report the absence of statistically significant associations between HCV infection and the sociodemographic variables examined.

The discussion successfully places the findings within the context of other African studies and highlights the public health importance of routine HCV screening among people living with HIV. The conclusion that systematic screening should be strengthened is consistent with the results presented and with current international recommendations.

Despite these strengths, several issues require attention before publication.

The most important concern relates to the analytical depth of the study. While the paper reports a co-infection prevalence of 4.35%, the discussion remains largely descriptive and does not sufficiently explore the implications of this finding. For example, the manuscript could more thoroughly discuss how this prevalence compares with national estimates, regional epidemiological trends, and existing HIV care strategies in Chad. The public health significance of a 4.35% prevalence rate deserves deeper interpretation.

A second issue concerns methodological clarity. The manuscript states that the study targeted individuals who underwent HIV and HCV testing, yet the population is later described as newly diagnosed HIV-positive patients and elsewhere as people already followed at the center. This creates some ambiguity regarding the exact study population. Greater clarity regarding participant recruitment and eligibility would strengthen the methodological transparency of the paper.

Similarly, the diagnosis of HCV appears to rely exclusively on rapid antibody testing. While this approach is acceptable for seroprevalence estimation, it should be acknowledged more explicitly that

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anti-HCV positivity does not necessarily indicate active infection. Confirmation through molecular testing was not performed, and this limitation should be discussed because it affects interpretation of the prevalence estimate.

Another area requiring attention concerns the statistical analysis. Only nine HCV-positive cases were identified among the 207 participants. Given the very small number of positive cases, the study may have limited statistical power to detect significant associations between HCV infection and demographic characteristics. The absence of statistically significant relationships should therefore be interpreted cautiously. This limitation deserves explicit discussion.

The discussion section would also benefit from a more critical interpretation of the sociodemographic findings. Several explanations are proposed regarding marital status, occupation, and educational level, yet these interpretations occasionally appear speculative because no statistically significant associations were identified. Greater caution in drawing conclusions from these subgroup comparisons would improve the scientific rigor of the manuscript.

There are also some inconsistencies within the results and discussion sections. For example, the prevalence is reported as 4.35% in the results and conclusion sections, yet the discussion briefly refers to a prevalence of 3.35%, creating confusion regarding the actual estimate. This discrepancy should be corrected.

In addition, several sections of the discussion repeat descriptive findings already presented in the results without substantially advancing interpretation. Condensing some of these sections and focusing more on epidemiological significance would improve the overall quality of the manuscript.

Regarding the title, it accurately reflects the content and primary objective of the study. It is clear, concise, and consistent with the data presented. However, because the study specifically examines HIV–HCV co-infection among people living with HIV, a slightly more focused title could strengthen the presentation. Possible alternatives include:

**Séroprévalence de la co-infection VIH–VHC chez les personnes vivant avec le VIH au Centre polyvalent Al-Nadjma de N'Djamena**

**Prévalence de l'hépatite C chez les personnes vivant avec le VIH au Centre polyvalent Al-Nadjma de N'Djamena, Tchad**

Overall, the manuscript addresses an important public health issue and provides useful epidemiological data from a setting where such information remains limited. The study design is appropriate for the stated objectives, and the findings have practical implications for HIV care and hepatitis screening programs.

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The issues identified mainly concern methodological clarification, deeper interpretation of findings, acknowledgment of limitations, and correction of minor inconsistencies. These concerns are manageable through revision and do not diminish the overall value of the study.

**Recommendation: Accepted with minor revisions.**